

**Environmental Health Services Division**401 Fifth Avenue, Suite 1100  
Seattle, WA 98104-1818**206-263-9566** Fax 206-296-0189  
TTY Relay: 711

www.kingcounty.gov/health

**Please complete a separate application for each pool or spa on site****APPLICATION TO OPERATE WATER RECREATION FACILITY -- 2015****FACILITY NAME AND SITE ADDRESS:**


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**MAILING ADDRESS (if different from above):**


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**EMAIL ADDRESS** \_\_\_\_\_**APPLICANT: Complete this form with changes to business and mailing name, address, and ownership information.****RETURN COMPLETED FORM WITH CHECKS  
PAYABLE TO: SKCDPH**

**Public Health – Seattle & King County  
Downtown Environmental Health  
401 – 5<sup>th</sup> Avenue, Suite 1100E  
Seattle, WA 98104**

PERMIT YEAR JUNE 1<sup>ST</sup> TO MAY 31<sup>ST</sup>      PERMITS EXPIRE MAY 31<sup>ST</sup>**FOR OFFICE USE ONLY**

PERMIT RECORD ID (PR#) \_\_\_\_\_

FACILITY NUMBER (FA#) \_\_\_\_\_

OWNER NUMBER (OW#) \_\_\_\_\_

PROGRAM ELEMENT (PE#) \_\_\_\_\_

PLAN REVIEW SERVICE REQUEST (SR#) \_\_\_\_\_

VARIANCE SERVICE REQUEST (SR #) \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

APPROVED ☐DISAPPROVED ☐

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FEE SCHEDULE**

**Water Recreation Facility      \$ 593.00 PERMIT FEE**  
**Non-Recirculating Spray Pool      \$ 316.00 PERMIT FEE**  
**Water Recreation Facility Not in Use      \$ 161.00 PERMIT FEE**

PERMIT FEE \$ \_\_\_\_\_

PRORATION \$ \_\_\_\_\_

PENALTY/LATE FEE \$ \_\_\_\_\_

PERMIT REPLACEMENT \$ \_\_\_\_\_

CHANGE OF OWNER  
AND/OR NAME \$ \_\_\_\_\_**TOTAL AMOUNT DUE** \$ \_\_\_\_\_**OTHER FEES**

Permit Replacement \$25.00

Change of Ownership and/or Name \$25.00

Proration (period 11/30 thru 5/31)=1/2 annual fee

Late Fees – (Annual permits 10-30 days late = 10% of annual fee, 30-60 days late = 20% of annual fee, more than 60 days late = 30% of annual fee)

**OWNERSHIP INFORMATION**☐ Indoor OR ☐ Outdoor Pool☐ Swimming Pool ☐ Spa Pool ☐ Wading Pool OR ☐ Spray Pool☐ General Use (Private club pools, municipal pool) OR ☐ Limited Use (Associated with living units apartments, condo, homeowners association)☐ Year Around OR ☐ Seasonal Pool - Months of Operation: Opening date \_\_\_\_\_ Closing date \_\_\_\_\_If more than one water recreation facility exists at your site, please indicate specific location (e.g. 7<sup>th</sup> floor): \_\_\_\_\_

Name of Facility Manager/Operator on site: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT  
INFORMATION**

- ☐ Permit Renewal  
☐ New Operation  
☐ Change of Name  
☐ Change of Owner  
☐ Change of Management

**Payment Information**☐ Check or Money Order PAYABLE TO: SKCDPH      AMOUNT CHARGED \$ \_\_\_\_\_☐ Cash (In-person only. Do not mail cash)☐ Visa      CARD NAME ON ACCOUNT \_\_\_\_\_☐ MasterCard      CARD BILLING ADDRESS & ZIP \_\_\_\_\_☐ Discover      CARD NUMBER - - - - - - - - - - - - - - - -

EXPIRES \_ \_ / \_ \_      3 Digit CODE (Back of Card) \_ \_ \_

Signature (as on Credit card) \_\_\_\_\_ Date \_\_\_\_\_